

**REVOCATION OF POWER OF
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|------------------------|--------------|
| Application Number | 10/574,355 |
| Filing Date | 03/20/2006 |
| First Named Inventor | LEE, KI HONG |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 1114.002 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 021176

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

021176

OR


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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|---|
| Signature |  | | |
| Name | LEE, KI HONG | | |
| Date | 04/20/2007 | Telephone | 822 2108 1543 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ *Total of 002 forms are submitted.

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